

SHRIMP BAITING LICENSE APPLICATION South Carolina Department of Natural Resources

Social Security No. _____

Name _____

Mailing Address _____

City/State/Zip _____

County _____ Telephone _____

Drivers License No. _____ State _____

Date of Birth _____ Gender (M) (F) Race _____

I understand that persons whose recreational privileges are suspended are not eligible to apply for, hold, or use SCDNR recreational licenses, permits, stamps, or tags.

Signature _____ Date _____

Note: Applications with incomplete information will not be processed and will be returned to the applicant.

Residents: Submit \$25.00 check or money order payable to **SCDNR** with application. (**Non-residents, \$500.00 Cashiers Check or Money Order only.**)

SCDNR License Office:

PO Box 167
Columbia, SC 29202
(803) 734-3833

P.O Box 12559
Charleston, SC 29422
(843) 953-9312



DNR

Please complete the above information, sign and return with the appropriate fee to the mailing address above.